POS000046604

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200048509292

03/23/05--01025--010 **78.75

OB MAR 23 FM 2: 40

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	rtel unc:		ON BACKBOOK			
•	(PROPOSED CORPORAT	E NAME - <u>MOST INCL</u>	UDE SUFFIX)			
					,	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	3		
□ \$70.00	\$78.75	□ \$78.75	□ \$87.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of			
			Status			
		ADDITIONAL COPY REQUIRED				
				-		
FROM:	Giovanni Cassio Name	Printed or typed)				
-		`		=		
	351 S. Cypress +	d #305			05 NAR 23	
_			· ·		20	_11
	Pompano Beach	21 33000				FILED
•	City, S	State & Zip			3	
	(OSI) 545-4	1250		NIS VIS	2:40	
	/ 19.3 <u>0.10</u> =	elephone number			Ö	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)